



March 10, 2021

Web Announcement 2446

**Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):**

**Volara™ Classified as Experimental/Investigational Equipment for In-Home Setting**

Volara™ System respiratory therapy devices will not be reviewed for medical necessity, as they are not covered by Nevada Medicaid based on the below policies.

Published studies comparing Volara™ to other types of airway clearance devices are lacking. Volara™ has not been proven to be superior to conventional airway clearance devices. Also, there have been no adequate and well-controlled investigations/studies published involving long-term Volara™ use in the home setting. Safety of long-term use of Volara™ in the home setting has not been established. Use of the Volara™ Device in the in-home setting is therefore considered experimental/investigational.

Consistent with Nevada Medicaid policy as stated in Medicaid Services Manual (MSM) Chapter 1300-DMEPOS Introduction: "Products or usage considered experimental or investigational are not covered services." MSM Chapter 1300 Section 1303.1.A.5 states: "Deluxe equipment will not be authorized when it is determined that a standard model will meet the basic medical needs of the recipient. The recipient must have a medical need for each component of the item(s) requested." Additionally, per MSM Chapter 1300 Section 1303.1.A.10: "The DHCFFP does not reimburse for items that are the same or similar to items that the recipient has already acquired or has access to." Equipment and all components that can meet the medical need of a recipient are to be evaluated first as deluxe equipment is non-covered.